TUESDAY • October 24, 2000

Clinical Congress News

The American College of Surgeons • 86th Clinical Congress • October 22-27, 2000 • Chicago

At the Opening Ceremony

Royal College of Surgeons: 200 years young

Barry T. Jackson, MS, FRCP, and President of the Royal College of Surgeons (RCS) of England, delivered the inaugural presentation of the 2000 Clinical Congress, The Royal College of Surgeons—200 Years Young. Mr. Jackson's presentation yesterday morning centered on the evolution of the institution and the role it has played in educating surgeons and improving health care in England.

Mr. Jackson noted "the seed from which the Royal College of Surgeons grew" was the establishment of an organization dedicated to the development of two "crafts" that were commonly practiced in conjunction during the 16th century—hair cutting and surgery. That association, the Company of Barber-Surgeons, was formed in 1540 by King Henry VIII.

Eventually, surgeons began to consider themselves distinct from their barber colleagues, Mr. Jackson said. As a result, they founded a separate Company of Surgeons in 1745. This organization committed itself to the teaching of anatomy and the testing of surgical students.

About 50 years later, John Hunter, a surgeon and anatomist, offered his collection of medical-related material to Parliament, which then agreed to transfer the specimens to the Company of Surgeons. By 1800, the organization had updated its bylaws, a Royal Charge had been granted, and the RCS was officially established.

Throughout the 19th century and the early decades of the 20th century, the RCS continued to focus its efforts on the examination of surgical students, Mr. Jackson said. The RCS also became devoted to developing and maintaining relationships with surgeons in the U.S. For example, John P. Murphy, MD, FACS, and the Mayo brothers, among others, were named honorary fellows of the RCS.

Like so many other institutions throughout the world, the RCS changed in many ways during and after World War II. First, its headquarters experienced "sustained, significant damage from bombings in May 1941," Mr. Jackson said. Additionally, the RCS's focus began to shift toward the promotion of research. "Training became an increasing priority," and "ad hoc apprenticeship was displaced by formal training," Mr. Jackson added.

In the last part of this century, the RCS has become a regular consultant to England's National Health Service, Mr. Jackson noted. Just this year, Prime Minister Tony Blair visited with the RCS's leadership to determine how the organization can help resolve health care issues in England. So, after 200 years, Mr. Jackson said, the RCS remains "expectant, energetic, and young in heart."

At the conclusion of his discussion, Mr. Jackson presented an inscribed copy of *The Royal College of Surgeons of England: 200 Years of History at the Millennium* to ACS President James C. Thompson, MD, FACS, exemplifying the continued good relations between surgeons "on both ends of the pond."

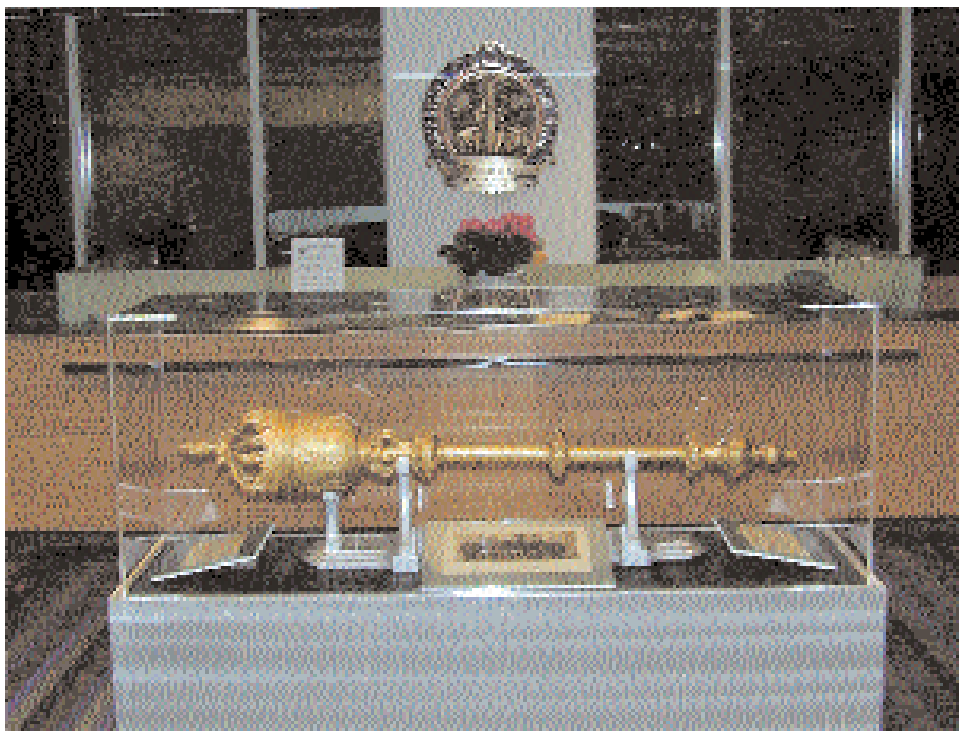
The 200-page book Dr. Thompson received, edited by professors John P. Blandy and John S.P. Lumley, largely traces the history not only of the RCS, but of surgery and the surgical profession, as well. Some of the developments chronicled in the book include anesthesia, diagnostic imaging, the increasing specialization of surgical practice, and the refinement of minimally invasive procedures.

Mr. Jackson

The book also contains 500 color illustrations with images drawn from the RCS collections, including those of the Hunter collection, which are exhibited in the Hunterian Museum.

Copies of The Royal College of Surgeons of England: 200 Years of History at the Millenium can be ordered online at www.blackwell-science.com/~cylib/bookpage.

On Sunday evening, the ACS Board of Governors hosted a reception at the Field Museum of Natural History. Surgeons who attended the reception were able to view archeologically and anthropologicallyy relevant specimens, including Sue (at right), the first full-scale model of Tyrannosaurus Rex.



Tour College headquarters

The 26th floor lobby of the College's headquarters at 633 N. Saint Clair St. features a replica of the Great Mace and ACS Seal, along with other College memorabilia. Congress attendees may sign up for tours of the headquarters building at the Help Desk at both the Hilton Chicago Hotel and McCormick Place Convention Center. The 45-minute tours will be conducted hourly as needed from 11:00 am to 5:00 pm, Tuesday through Thursday this week.

At Gibbon Lecture

Medicine must have physician leadership to survive

The need for leadership in medicine has never been more important than it is today," said John A. Waldhausen, MD, FACS, yesterday morning during his presentation of the John. H. Gibbon, Jr., Lecture.

Dr. Waldhausen is John W. Oswald Professor of Surgery, The Pennsylvania State University College of Medicine, Hershey.

Dr. Waldhausen provided an overview of the life of John Gibbon, Jr., the pioneer of open-heart surgery, who "exemplied leadership in medicine."

Changes in the management of medicine brought about following WW II — notably health insurance, Medicare, and Medicaid — have led to huge shifts in the medical landscape, he said. "It has resulted in some instances to the exclusion of physicians from leadership positions in lieu of academically trained CEOs," Dr. Waldhausen stated,

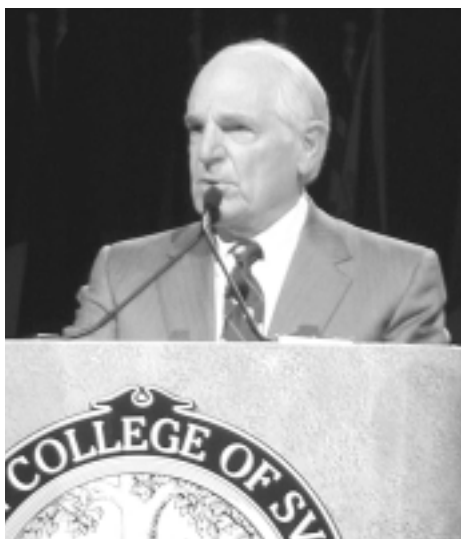
According to Dr. Waldhausen, leadership is not a mystical characteristic, is not the same as charisma, and is not the same as management skills. "Leadership," he said, "means dealing effectively with change."

It is paramount that physicians assume leadership roles in medicine, Dr. Waldhausen said. "To let others administer and lead would be a prescription for disaster at the sacrifice of our patients' welfare. Who better knows the values espoused by medicine than physicians?" he said.

Dr. Waldhausen said he believes that medical leaders of the future should have eight to 10 years of clinical experience in conjunction with six months to one year of training in a formalized university-sponsored program in management skills.

He commended the College for initiating a postgraduate course (PG # 20) this year to address leadership and management principles for surgeons.

"The final essence of who and what we stand for will only be realized if we as a profession can assume a more active and visible leadership role in medicine," Dr. Waldhausen concluded.



Dr. Waldhausen

Collective bargaining by physicians: Good idea or bad idea?

Collective bargaining by physicians continues to receive considerable attention. On Wednesday, from 10:30 am to 12:30 pm, a special program will be held in McCormick Place South, Room S502, to examine the issues and controversies surrounding this important topic.

A panel of experts from academia, government, unions, and other collective bargaining arrangements promises a very lively exchange.

The first speaker will be Grace Budrys, PhD, a nationally recognized expert on physician unionization from DePaul University. Dr. Budrys is the author of When Doctors Join Unions, published in 1997. Her doctorate is in sociology with special emphasis on medical sociology, and she also earned a master's degree in industrial relations. Early next year, Dr. Budrys will have a new book coming out, *Our Unsystematic Health Care System*, which provides a basic introduction to the U.S. health care system–how it evolved and how it currently operates.

The second panelist will be Susan Adelman, MD, FACS, president of Physicians for Responsible Negotiation, an independent national negotiating organization for nonsupervisory physicians and medical residents founded by the American Medical Association in July 1999. Dr. Adelman is a pediatric surgeon in Detroit, MI, a member of the College's Committee on Patient Safety and Professional Liability, and a member of the Board of Trustees of the American Medical Association.

The third panelist will be Richard A. Feinstein, assistant director, health care services and products in the Federal Trade Commission's Bureau of Competition. The Federal Trade Commission has been a strong opponent of collective bargaining by physicians.

The fourth panelist, Barry Liebowitz, MD, president of both the Doctors Council and the National Doctors Alliance, will provide the perspective of a traditional union. The National Doctors Alliance, the largest organization of unionized physicians in the United States, was created on March 1, 1999, when Doctors Council, the nation's oldest union of attending physicians and dentists, affiliated with the Service Employees International Union. Dr. Liebowitz is a pediatric specialist at Bellevue Hospital and a clinical associate professor of pediatrics at NYU Medical Center.

The session will be chaired by Robert M. Zwolak, MD, FACS, a vascular surgeon at Dartmouth-Hitchcock Medical Center in New Hampshire and a member of the College's General Surgery Coding and Reimbursement Committee.

Online CME demonstration available

A Web-based continuing medical education (CME)-1 program using articles from the *Journal of the American College of Surgeons* (*JACS*) as the learning tool may be viewed this week in the ACS Resource Center in McCormick Place South.

The demonstration is set up on two PCs located in the Resource Center. Participants take a mock CME test based on two articles from *JACS*, receive scoring results instantaneously, check their own answers, and read the critiques of the learning objectives. If approved, the full program will become available in the January 2001 online issue of *JACS*. The program will also be included in the printed version of *JACS*.

All active ACS members will receive the print version of *JACS* free of charge from January 2001 forward as a benefit of membership.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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Editor
Stephen J. Regnier

Associate Editor
Diane Schneidman

Photography Editor
Tina Woelke

Director of Communications
Linn Meyer

Photography
Chuck Giorno Photography

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Robotic device allows cardiac surgeons to perform minimally invasive repairs

Minimally invasive surgical procedures that were first introduced in the 1980s have become commonplace for general surgeons who perform so-called keyhole surgery to remove the gallbladder or for orthopaedists who conduct arthroscopic repair of shoulder and knee joints. However, cardiac surgeons have been reluctant to make the transition to minimally invasive surgery because of the complexity of operating on the heart. There are approximately 150 steps to many cardiac procedures, and some cardiac structures, such as coronary arteries, are so small that there is very little margin for error.

Nevertheless, cardiac surgeons in the division of cardiothoracic surgery at the Brody School of Medicine at East Carolina University (ECU), Greenville, NC, have been able to operate on the mitral valve through a small 5 cm. incision with the help of a computer-enhanced robotic device. "This technology is helpful because it is so precise. The computerized part of the system eliminates all tremor so the surgeon can perform precise movements," L. Wiley Nifong, MD, an assistant professor of cardiovascular surgery and the director of surgical robotics, reported. The robotic instrument is making it possible for Dr. Nifong and his colleagues to complete complex mitral valve repairs that would not be possible otherwise.

"With the robot, you can drive a tiny camera into the left ventricle of the heart and see and repair the subvalvular apparatus, which includes all the muscles and cords that hold the valve and the valve leaflets in place. We can do very complex operations on the mitral valve and repair 75 to 80 percent of the valves we previously had to replace," he added.

W. Randolph Chitwood, Jr., MD, FACS, chief of the division of cardiothoracic surgery, and his team have been conducting the first clinical trial approved by the U.S. Food and Drug Administration (FDA) for performing minimally invasive mitral valve surgery with a robotic device. With their first eight patients, the surgeons have found that robotically assisted minimally invasive surgery reduces the need for postoperative monitoring in the intensive care unit (ICU). "Our patients recover much more quickly and the time they require [for recovery] in the ICU has dramatically decreased. Because the surgery is less invasive and does not involve cutting the breastbone or making a large incision, patients do not experience the intense inflammatory reaction caused by bleeding from the sternum, and patients experience less pain," Dr. Nifong said.

Dr. Nifong and his team reported on research on the use of robotic devices in animals that led to the clinical trial during a Surgical Forum session held on Monday afternoon. His work and that of other pioneers in the field of minimally invasive cardiac surgery such as Dr. Chitwood, began in 1996. In their preliminary experience with minimally invasive surgery, patients improved more quickly because the surgeons avoided cutting through the breastbone and opening up the chest with a retractor. "With the conventional way of doing open-heart surgery, patients stay in the hospital about eight days. But with these smaller surgical incisions, they may go home in three days. Few of our patients require a blood transfusion, and the costs of hospital care are down about 33 percent," he observed.

The first operations on the mitral valve were done through 5- or 6-cm incisions in the right side of the chest, under the breast. The surgeons inserted a small camera through the incision so they could track their movements on a monitor as they manipulated longer-than-usual surgical instruments. This process was not ideal, however. It was challenging for a surgical assistant to hold the camera perfectly still throughout the procedure. Surgeons often had to stop and clean the lens of the camera to maintain a clear view of the surgical field. Because of the length of the instruments, the effect of even the slightest tremor was magnified.

Two years ago, the ECU surgeons adopted robotic technology that had been developed by the Department of Defense (DoD) to provide emergency care to wounded soldiers on the battlefield by surgical staff who were safely behind the frontlines. The ECU surgeons initially worked with a voice-activated robotic arm that would hold the camera steady and respond to their directions to change position. In November 1999, the ECU surgeons obtained a computer-enhanced, fully robotic system that consists of three arms. One arm holds a camera equipped with a three-dimensional videoscope, and the others hold robotic instruments that have articulating tips that operate needle holders, microscissors, and tissue graspers.

In experiments on animals, the robotic system overcame some of the limitations of conventional minimally invasive cardiac techniques. The three-dimensional videoscope improved the visual clarity of the operative field and provided depth perception. The instrument arms were able to manipulate surgical instruments with the same degree of flexibility as the human wrist. Computer enhancement filtered and scaled the movements of the instruments to eliminate tremor and increase accuracy and dexterity.

Since April 2000, Dr. Nifong and Dr. Chitwood have been using the robotic system in an FDA feasibility study of 10 otherwise healthy patients who have a defective mitral valve. The criteria for patient selection have been strict; the patients are under 80 years of age, have no other serious diseases involving the kidneys or liver, blood-clotting disorders, or cardiac conditions. Eight of the 10 patients have undergone minimally invasive mitral valve repair with the robotic system.

After Dr. Nifong completes this study, he will conduct further investigations in his institution and participate in multicenter trials involving other leading cardiac surgery programs. However, he expects that the robotic system will not be approved by the FDA for general cardiac use for two to five years.

In addition to continued clinical trials, Dr. Nifong will plan collaborative efforts with the National Aeronautics and Space Administration to develop robotic surgical systems for the space program. "If astronauts on a space station or on Mars have a medical emergency, how will we take care of them quickly when it takes six months to return someone to earth? With the robotic technology, surgeons may be able to direct surgery over thousands or millions of miles by telemanipulation," he speculated.

In addition to Drs. Nifong and Chitwood, Victor B. Kim, MD, participated in the study of computer-enhanced cardiac surgery in animals.

Study shows centenarians respond well to surgical treatment

During the 1930s, the oldest patients having surgical procedures were over 70 years of age, and in the 1970s, 90-years-old was typically the oldest age for surgical patients. The first report of a surgical procedure being performed on someone over the age of 100 was in 1985.

However, the current number of centenarians having surgery is small but growing, as life expectancy in the United States continues to increase. At the turn of the 20th century, life expectancy was only 49 years; today it is 82 years. While the overall population of this country will grow by 53 percent between 1990 and 2015, the number of individuals older than age 85 will increase fivefold and the number of centenarians will multiply by a factor of 32.

According to a study presented in a scientific exhibit (SE 289) at the Clinical Congress, there is an indication that centenarians can fare well after an operation. The study included all surgical cases performed on individuals over the age of 100 since 1993 at New York Methodist Hospital, Brooklyn. Lead author of the study, surgical resident Ramesh Paladugu, MD, found that a total of 61 centenarians underwent procedures involving local or general anesthesia during this time frame. The average age of the population studied was 101.5 years, and the oldest patient was 111 years old. The patients had an average of five concomitant diseases, and two-thirds of the patients had a cardiovascular condition, such as congestive heart failure or atrial fibrillation.

Most patients studied had a positive outcome after the operation. A total of five gastrointestinal operations, six orthopaedic procedures, nine percutaneous gastrostomies, 13 endoscopies, and 28 other types of procedures were performed on the patients in the study. More than half (51%) of the patients were discharged to a nursing home, 30 percent returned home to their families or with a home care aide, and 4 percent of patients entered rehabilitation; 15 percent of the patients died.

"There have been excellent advancements in anesthetic administration, surgical techniques, and postoperative care. So from a technical point of view, older patients are doing much better after major surgical procedures than they might have before," Dr. Paladugu said.

"Therefore, elective surgery should not be deferred, and emergency surgery should not be denied to patients older than 100 years because of their chronological age. A patient's physiological age is more important than his or her chronological age. Therefore, as long as one's overall health is good, a centenarian should be able to undergo surgical procedures without having any problems," Dr. Paladugu concluded.

Dr. Paladugu conducted this study with Mythili Paladugu, MD, Bashar Fahoum, MD, FACS, Joseph Schianodicola, MD, and Leslie Wise, MD, FACS.

Toronto hosts 29th Spring Meeting

The 29th annual ACS Spring Meeting will be held April 22-25, 2001, at the Westin Harbour Castle, Toronto, Ontario, Canada.

To emphasize its strong commitment to and support of general surgery, the American College of Surgeons devotes its annual Spring Meeting to the interests and needs of the practicing general surgeon.

The Advisory Council for General Surgery has planned a program for the 2001 Spring Meeting that will be of interest to all general surgeons. Postgraduate hands-on courses in Image-Guided Breast Biopsy including Breast Ultrasound and Stereotactic Breast Biopsy, Ultrasound for Surgeons, Ultrasound in the Acute Setting, Vascular Ultrasound, Abdominal Ultrasound: Transabdominal/Intraoperative/Laparoscopic, and Surgical Education: Principles and Practice will provide didactic and workshop experience in these techniques that have become useful and necessary tools for the modern general surgeon.

The Assembly for General Surgeons on Sunday, April 22, Continued Professional Development: Maintenance of Certification, will focus on new initiatives of the certifying boards in the US and Canada to replace "recertification" mechanisms with programs to measure and to "maintain" professional competence. This interactive general session encourages discussion by all in attendance, so that the views of practicing general surgeons on the important issue of physician accountability to patients, institutions, payers, and regulators can be shared.

Panels on Endovascular Surgery, Misadventures in Laparoscopic Surgery, Inflammatory Bowel Disease, Neoadjuvant Therapy for Cancer, and Appendicitis will be complemented by popular didactic courses in new directions in cancer care, minimal access surgery, and vascular surgery. The Film Program, Highlights of the 2000 Clinical Congress, will round out an exciting spring program.

To enhance the educational value of this meeting, technical exhibits will again be presented. More than 50 companies will present products or services that relate to the practice of surgery.

Fellows, Associate Fellows, and Candidate Group members of the College will be receiving the 2000 Spring Meeting Preliminary Program and registration form in early February.

The preliminary program will be published in the January 2001 issue of the Bulletin. Also look for information on our Web site: www.facs.org beginning in January. Further registration information may be obtained from the Convention and Meetings Division at College headquarters.

2001 Spring Preliminary Meeting Program

Assembly for General Surgeons

Continued Professional Development: Maintenance of Certification

Excelsior Surgical Society/Edward D. Churchill Lecture

General Sessions
- Endovascular Surgery
- Misadventures in Advanced Laparoscopic Surgery
- Highlights of the 2000 Clinical Congress
- Inflammatory Bowel Disease
- Neoadjuvant Therapy for Cancer
- Appendicitis

Postgraduate Courses
- Image-Guided Breast Biopsy
- Surgical Education: Principles and Practice
- Ultrasound for Surgeons (Basic Course and Workshop)
- Breast Ultrasound
- Ultrasound in the Acute Setting
- Vascular Ultrasound
- Abdominal Ultrasound: Transabdominal/Intraoperative/Laparoscopic
- Stereotactic Breast Biopsy
- Minimal Access Surgery
- Cancer
- Trauma
- Vascular Surgery

Register online at: http://www.facs.org

Registration fees

Fellows: No Fee

Associate Fellows: No Fee

Participants in ACS Candidate Group: No Fee

Medical Students: No Fee (with verification letter)

Guest Physicians: $375

Residents: $100 (with verification letter)

Allied Health: $150

Commercial Representative: $375

(Fees are subject to change)

Continuing Education Credit

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education (CME) for physicians.

The American College of Surgeons designates that this continuing medical education activity meets the criteria for hour-for-hour credit in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

New slide sets available

The Advisory Council for General Surgery, with the assistance of Jeffrey H. Peters, MD, FACS, is pleased to announce two new slide sets on gastroesophageal reflux disease. These new slide sets are up–to–date, with numerous citations to the scientific literature and excellent graphic displays. Both sets are available as 35 mm slides or on a CD-ROM for use as a PowerPoint presentation.

All slide kit presentations sponsored by the Advisory Council for General Surgery contain text (talking points for each slide), the actual slides or CD-ROM, and hard copies of the slides. The slide presentations are available for viewing next to the Publications Booth, McCormick Place South, Level 3, Hall A1, throughout the Clinical Congress, and a limited supply will be available for purchase at the booth.

There are currently six slide kits available for sale (three presentations are also available as a CD-ROM):

1. Breast Disease Curriculum, 41 slides (for presentation to a general physician audience)	**Slides**	**$25.00**
2. Breast Disease for Lay Audiences, 44 slides	**Slides**	**$30.00**
3. Acute Abdomen Curriculum, 40 slides	**Slides**	**$35.00**
	CD-Rom	**$35.00**
4. Common Anorectal Disorders, 56 slides	**Slides**	**$35.00**
5. Gastroesophageal Reflux Disease, 50 slides (a presentation for general audiences)	**Slides**	**$35.00**
	CD-Rom	**$35.00**
6. Gastroesophageal Reflux Disease, 68 slides (a presentation for surgical audiences)	**Slides**	**$40.00**
	CD Rom	**$40.00**

Slide kits may also be ordered via the College Web site at http://www.facs.org/commerce/current.html, or orders may be placed via fax or phone to the ACS Customer Service Department at fax 312/202-5001 or tel. 312/202-5354.

Allied Meetings

Tuesday

Morning

ISDS (Formerly CICD)
6:30 am - 8:00 am. Breakfast
Hilton Chicago, Boulevard B, Floor Second

Indiana Chapter, ACS
7:00 am - 9:00 am. Breakfast
Hilton Chicago, Williford A, Floor Third

Surgical Journal Editors
7:00 am - 9:00 am. Meeting
U of Chicago Gleacher Center, 600, Floor Six

Society for Surgery of the Alimentary Tract
7:30 am - 3:00 pm. Breakfast
Hilton Chicago, Williford B, Floor Third

Association of Residency Coordinators in Surgery Steering Committee
8:00 am - 5:00 pm. Breakfast and Lunch
Hilton Chicago, 4L, Floor Four

American Society of Colon & Rectal Surgeons - Recertification Committee
8:00 am - 5:00 pm. Meeting
Hilton Chicago, 5D, Floor Five

Ohio Chapter, American College of Surgeons
11:00 am - 1:00 pm. Luncheon
McCormick Place North, N230a, Floor Level 2

Afternoon

American Society of General Surgeons
12:00 pm - 1:30 pm. Luncheon
Hilton Chicago, Continental A, Floor Lobby Level

St. Mary's Hospital Alumni
12:00 pm - 3:00 pm. Luncheon
Hilton Chicago, Williford A, Floor Third

Nafta Clinical Trial Investigators
12:00 pm - 1:00 pm. Luncheon
Hilton Chicago, Williford C, Floor Third

American Society of General Surgeons
2:00 pm - 5:00 pm. Meeting
Hilton Chicago, 5E, Floor Five

James IV Association of Surgeons, Inc.
4:00 pm - 6:00 pm. Meeting
Hilton Chicago, Joliet, Floor Third

American Society of Colon and Rectal Surgeons - Membership Committee
4:00 pm - 5:00 pm. Meeting
Hilton Chicago, PDR 7, Floor Third

Evening

Baylor College of Medicine/Surgery
5:30 pm - 8:00 pm. Reception
Hilton Chicago, Continental A, Floor Lobby Level

Uniformed Services University Surgical Associates Military Reception
5:30 pm - 7:00 pm. Reception
Hilton Chicago, Boulevard B, Floor Second

Tulane University Department of Surgery
5:30 pm - 7:00 pm. Reception
Hilton Chicago, Lake Michigan, Floor Eight

University of Rochester
5:30 pm - 7:30 pm. Reception
Hilton Chicago, 4M, Floor Four

Department of Surgery, University of Louisville
5:30 pm - 8:30 pm. Reception
Palmer House Hilton, Empire, Floor Lobby

University of New Mexico, Department of Surgery
5:30 pm - 7:00 pm. Reception
Chicago Marriott Downtown, Illinois, Floor Sixth

Medical College of Georgia Department of Surgery and Georgia Chapter, American College of Surgeons
5:30 pm - 7:00 pm. Reception
Chicago Marriott Downtown, Purdue, Floor Sixth

SUNY Upstate Medical University Department of Surgery and Medical Alumni Association
5:30 pm - 7:30 pm. Reception
Palmer House Hilton, Parlor E, Floor Sixth

Wayne State University, Department of Surgery
6:00 pm - 7:30 pm. Reception
Fairmont Hotel, Regent, Floor Meeting Room

Maimonides Surgical Society
6:00 pm - 8:00 pm. Reception
Westin Hotel Chicago, Regent II, Floor Third

UC Davis Surgical Association
6:00 pm - 8:00 pm. Reception
Westin Hotel Chicago, Consulate 1-3, Floor Second

University of Minnesota Department of Surgery
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Normandie Lounge, Floor Second

University of North Carolina Surgical Alumni, Nathan A. Womack Surgical Society
6:00 pm - 9:00 pm. Reception
Hilton Chicago, Astoria Room, Floor Third

University of Washington Henry N. Harkins Surgical Society
6:00 pm - 9:30 pm. Reception
Hilton Chicago, Grand Ballroom Foyer, Floor Second

Memorial Sloan Kettering Alumni
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Marquette, Floor Third

Hong Kong Chapter, ACS and Department of Surgery, The University of Hong Kong
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Lake Ontario, Floor Eight

Washington University School of Medicine, Department of Surgery
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Lake Erie, Floor Eight

IU School of Medicine Alumni Association
6:00 pm - 7:30 pm. Reception
Hilton Chicago, PDR 2, Floor Third

Albany Medical College Alumni
6:00 pm - 9:00 pm. Reception
Hilton Chicago, Grand Traditions, Floor Lobby Level

James IV Association of Surgeons, Inc.
6:00 pm - 7:00 pm. Reception
Hilton Chicago, Williford C, Floor Third

Mt. Sinai Medical Center
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Boulevard A, Floor Second

University of Iowa Department of Surgery Alumni
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Williford B, Floor Third

James D. Rives Society
6:00 pm - 8:00 pm. Reception
Hilton Chicago, PDR 3, Floor Third

State University of New York at Buffalo, Department of Surgery, State University of New York at Buffalo Medical Alumni Association, and Roswell Park Cancer Institute Division of Surgical Oncology Will C. Sealy Surgical Society
6:00 pm - 8:00 pm. Reception
Hilton Chicago, PDR 6, Floor Third

Jefferson Medical College Alumni Association
6:00 pm - 8:00 pm. Reception
Fairmont Hotel, Chancellor, Floor Meeting Room

Loyola University Department of Surgery
6:00 pm - 9:00 pm. Reception
Nieman Marcus, Zodiac, Floor Lobby

University of California, San Diego-Foundation for Surgical Education
6:00 pm - 8:00 pm. Reception
Four Seasons Hotel, State, Floor First

University of Oklahoma-Oklahoma City & Tulsa, Departments of Surgery
6:00 pm - 7:30 pm. Reception
Palmer House Hilton, Parlor B, Floor Sixth

Department of Surgery of New York Hospital
6:00 pm - 8:00 pm. Reception
Palmer House Hilton, PDR # 17, Floor Fifth

Tufts Medicine
6:00 pm - 8:00 pm. Reception
Palmer House Hilton, Parlor A, Floor Sixth

Surgical Society NYMC
6:00 pm - 9:00 pm. Reception
Palmer House Hilton, Cresthill 11, Floor Third

University of Illinois, Department of Surgery
6:00 pm - 8:00 pm. Reception
Fairmont Hotel, Ambassador, Floor International Ballroom

Cleveland Clinic Alumni Association
6:00 pm - 7:30 pm. Reception
Chicago Marriott Downtown, Denver/Houston, Floor Fifth

Department of Surgery SUNY at Stony Brook, Brooklyn and Long Island Chapter, ACS
6:00 pm - 8:00 pm. Reception
Chicago Marriott Downtown, Los Angeles, Floor Fifth

Medical College of Ohio Alumni
6:00 pm - 8:00 pm. Reception
Chicago Marriott Downtown, Ohio/Northwestern, Floor Sixth

Baystate Medical Center
6:00 pm - 7:30 pm. Reception
Hilton Chicago, 5G, Floor Five

University of Virginia School of Medicine, Medical College of VA. Eastern Virginia Medical School and Virginia Chapter, ACS
6:00 pm - 8:00 pm. Reception
Palmer House Hilton, Red Lacquer, Floor Fourth

John Jones Surgical Society
6:00 pm - 7:30 pm. Reception
Fairmont Hotel, Crystal, Floor Meeting Room

Vanderbilt School of Medicine
6:00 pm - 8:00 pm. Reception
Chicago Athletic Association, Michigan, Floor Third

Illinois Chapter, ACS
6:00 pm - 8:00 pm. Reception
Westin Hotel Chicago, Mayfair, Floor Third

Beth Isreal Deaconess Medical Center
6:00 pm - 9:00 pm. Reception
Westin Hotel Chicago, Michigan, Floor Second

University of Cincinnati Department of Surgery, Case Western Reserve and Ohio State
6:30 pm - 8:30 pm. Reception
Hilton Chicago, Continental B, Floor Lobby Level

Department of Surgery, University of California San Francisco
6:30 pm - 8:30 pm. Reception
Hilton Chicago, Boulevard C, Floor Second

Duke University Surgical Alumni
6:30 pm - 8:00 pm. Reception
Hilton Chicago, Waldorf Room, Floor Third

New Jersey University Programs & ACS Chapter
6:30 pm - 8:00 pm. Reception
Hilton Chicago, Lake Huron, Floor Eight

Mayo Medical Alumni Association
6:30 pm - 8:00 pm. Reception
Hilton Chicago, Mobley, Floor Lower Level

Wake Forest University School of Medicine Department of Surgery
6:30 pm - 7:30 pm. Reception
Hilton Chicago, PDR 5, Floor Third

Lahey Clinic
6:30 pm - 8:00 pm. Reception
Palmer House Hilton, PDR # 16, Floor Fifth

Canadian Departments of Surgery
6:30 pm - 8:30 pm. Reception
Palmer House Hilton, PDR # 18, Floor Fifth

Ravdin-Rhoads Surgical Society
6:30 pm - 10:00 pm. Reception/Dinner
Palmer House Hilton, Adams Ballroom, Floor Sixth

East Carolina University School of Medicine
6:30 pm - 7:30 pm. Reception
Palmer House Hilton, PDR # 8, Floor Third

Society of Philippine Surgeons in America
6:30 pm - 11:00 pm. Reception/Dinner
Chicago Marriott Downtown, Chicago A, Floor Fifth

UMass Department of Surgery
6:30 pm - 8:30 pm. Reception
Palmer House Hilton, Parlor F, Floor Sixth

The University of Chicago, Department of Surgery, Medical and Biological Sciences Alumni, and University of Chicago Surgical Society
6:30 pm - 8:30 pm. Reception
OMNI Chicago Hotel, Great Hall, Floor Third

Chirurgio Society
7:00 pm - 8:00 pm. Reception
Hilton Chicago, Williford A, Floor Third

University of Utah, Department of Surgery
7:00 pm - 9:30 pm. Reception
Hilton Chicago, Joliet, Floor Third

Boston University Department of Surgery Alumni
7:00 pm - 9:00 pm. Reception
Hilton Chicago, Continental C, Floor Lobby Level

Polk Surgical Society
7:00 pm - 11:00 pm. Dinner
Palmer House Hilton, Monroe Ballroom, Floor Sixth

Puerto Rico Chapter, ACS
7:00 pm - 11:00 pm. Reception/Dinner
Palmer House Hilton, State Ballroom, Floor Fourth

University of Mississippi Surgical Society
7:00 pm - 9:00 pm. Reception
Palmer House Hilton, Parlor G, Floor Sixth

AUB Surgical Alumni Society
7:00 pm - 8:30 pm. Reception
Chicago Marriott Downtown, Chicago F, Floor Fifth

University of Mississippi Surgical Society
7:00 pm - 9:00 pm. Reception
Palmer House Hilton, Parlor H, Floor Sixth

East Carolina University School of Medicine
7:30 pm - 9:30 pm. Dinner
Palmer House Hilton, PDR # 9, Floor Third

John Jones Surgical Society
7:30 pm - 9:00 pm. Dinner
Fairmont Hotel, Moulin Rouge, Floor Lobby

Francis E. Rosato Surgical Society
8:00 pm - 10:00 pm. Dinner
Fairmont Hotel, State, Floor International Ballroom

AUB Surgical Alumni Society
8:30 pm-11 pm. Dinner
Chicago Marriott Downtown, Chicago F, Floor Fifth

Society of Asian Indian Surgeons of North America
6:00 pm – 9:00 pm. Dinner
Klay Oven, 414 Orleans (at Hubbard), 312/527-3999

Wednesday

Morning

International Society of Surgery (SIC)
6:45 am - 8:00 am. Breakfast
Hilton Chicago, Boulevard A, Floor Second

Mosby
7:00 am - 9:00 am. Breakfast
Hilton Chicago, Marquette, Floor Third

Association of Women Surgeons
7:00 am - 10:00 am. Breakfast
Hilton Chicago, Boulevard B, Floor Second

American Society of Colon and Rectal Surgeons - CME Committee
7:30 am - 8:30 am. Breakfast
Hilton Chicago, 5A, Floor Five

American Society of Colon & Rectal Surgeons - Residents Committee
8:30 am - 9:30 am. Meeting
Hilton Chicago, 5D, Floor Five

Tripler General Surgery
11:00 am - 1:00 pm. Luncheon
Hilton Chicago, Boulevard A, Floor Second

Allied Meetings

Wednesday

Afternoon

Central Surgical Association
12:00 pm - 3:00 pm. Luncheon
Hilton Chicago, 5A, Floor Five

American Society of Colon and Rectal Surgeons - RF-Young Researchers
12:00 pm - 1:00 pm. Luncheon
Hilton Chicago, PDR 7, Floor Third

American Society of Colon and Rectal Surgeons - Professional Outreach Committee
3:00 pm - 4:00 pm. Meeting
Hilton Chicago, PDR 5, Floor Third

Evening

University of Colorado Department of Surgery
5:30 pm - 7:30 pm. Reception
Hilton Chicago, Joliet, Floor Third

Metropolitan Group Hospitals Residency in General Surgery
6:00 pm - 8:00 pm. Reception
Fairmont Hotel, Ambassador, Floor International Ballroom

Society of Graduate Surgeons of USC/LAC
6:00 pm - 8:00 pm. Reception
Hilton Chicago, Astoria Room, Floor Third

Departments of General & Cardiothoracic Surgery, Stanford University
6:30 pm - 9:00 pm. Reception
Hilton Chicago, Waldorf Room, Floor Third

Cook County Hospital, Karl Meyer Surgical Alumni Banquet
6:30 pm - 9:30 pm. Reception/Dinner ($85.00 per person. For reservations call 312-633-8716.)
Mid-America Club, TB, Floor Above Lobby

Meharry Medical College/Matthew Walker Surgical Society
7:00 pm - 9:00 pm. Reception
Hilton Chicago, PDR 1, Floor Third

Michigan State University Department of Surgery
7:00 pm - 9:00 pm. Reception
Chicago Marriott Downtown, Michigan/Michigan State, Floor Sixth

North American Chinese Surgical Society
6:30 pm – 9:30 pm. Dinner
Szechwan East, 340 E. Ohio St., 312/255-9200

Thailand Chapter of the ACS
6:00 pm. Reception/Dinner
Taste of Siam Restaurant, 600 S. Dearborn (at Harrison Avenue), 312/939-1179

Thursday

Morning

American Society of Colon and Rectal Surgeons-Standards
7:00 am - 8:30 am. Breakfast
Hilton Chicago, Pullman Boardroom, Floor Four

Afternoon

American Society of Colon and Rectal Surgeons - PR Committee
12:00 pm - 1:30 pm. Luncheon
Hilton Chicago, 5E, Floor Five

American Society of Colon and Rectal Surgeons - DC+R Editorial Board
4:00 pm - 6:00 pm. Meeting
Hilton Chicago, Waldorf Room, Floor Third

Friday

Morning

American Society of Colon and Rectal Surgeons - Website Committee
7:30 am - 8:30 am. Breakfast
Hilton Chicago, McCormick Boardroom, Floor Four

Afternoon

American Society of Colon and Rectal Surgeons - Pre-agenda Meeting
3:00 pm - 5:00 pm. Meeting
Hilton Chicago, PDR 6, Floor Third

American Society of Colon and Rectal Surgeons - Executive Council
5:00 pm - 10:30 pm. Meeting
Hilton Chicago, 4A, Floor Four

Introducing NATIONAL TRACS® Version 3.0

A preview of the upcoming Windows version of NATIONAL TRACS® will be on display this week at the Clinical Congress. NATIONAL TRACS 3.0 was designed by the ACS Committee on Trauma and trauma registry users. It embodies a number of improvements.

Some of the significant new features of NATIONAL TRACS 3.0 include:

- Windows based product which will operate under Windows95, Windows98, Windows 2000, or Windows NT Workstation 4.0 or later
- Easy access to standard reports that firmly support the verification process
- Support of and compliance with the College's most current Resources Document
- Expanded collection and reporting of cost and financial data
- Significant filtering capabilities on standard and custom reports
- Expanded selection of standard state and regional reports
- The most current AIS and ICD-9 CM codes

The NATIONAL TRACS software is currently used by about 300 hospitals, has an annual renewal rate of 97 to 99 percent over the past five years, is consistently rated excellent or very good by its users, and has a high customer service satisfaction rating.

Demonstrations of the new software version will be available at the NATIONAL TRACS booth, which is located in the ACS Resource Center in McCormick Place South. Fellows are encouraged to stop by and see what the new Windows Version of NATIONAL TRACS can do for you.

The NATIONAL TRACS booth will be open the same hours each day as the registration area. Knowledgeable personnel will be available throughout the week to answer your questions and conduct personalized demonstrations of NATIONAL TRACS 3.0.

So stop by and test-drive NATIONAL TRACS 3.0 for yourself.

Program Changes

Tuesday, October 24

Diagnostic Application of Ultrasound for the Surgeon, 1:30 pm - 4:30 pm, "Ultrasound Applications in Trauma," by Grace S. Rozycki, MD, FACS, Atlanta, GA.

Surgical Education: Principles and Practice, 8:30 am - 12:30 pm, room change from S104 a to N426ab.

Wednesday, October 25

Evaluating Operative and Perioperative Risks in the Elderly, 8:30 am - 11:00 am, "Intraoperative Risks in the Elderly," by Alec Rooke, MD, Seattle, WA.

Thursday, October 26

Will Virtual Endoscopy Replace Invasive Procedures? 9:00 am - 12:00 pm, Room Change from S401bc to S401d.

Computers in Surgery: Basic Course, Workshop C Time Correction: Workshop will be 7:30 am - 11:00 am

New Exhibitors:

Medtronic, Inc., #1455
United Medical Systems, #1439
Task Technology, #1435
Closure Systems, #406
MD Logic, Inc., #1158
Wren Medical Systems, Inc., #413
Medgraphix International Imaging, #1554
ArthroCare #1181

Booth Change:

Hill-Rom was in booth #809 now in #495

Company Name Change:

Bidoia, USA was Brenta, L.L.C.

The following companies have canceled:

Link Technology, #413
Mallinckrodt, #1545
Nicolet Vascular, Inc., #1181
Outcome Sciences, #1543
American Physicians Art Association, #600

Don't miss your Friday CCN

Fellows who will not be in Chicago on Friday to pick up their copy of the Clinical Congress News mayt obtain one by contacting the CCN office in McCormick Place South (791-6695).

The Friday issue contains information on:

- **Coverage of the Presidential Address of Harvey W. Bender, Jr., MD, FACS**
- **Convocation activities**
- **Announcement of the Distinguished Service Award recipient**
- **An announcement of the College's President-Elect and other officers-elect**
- **Information on new and re-elected Regents and Governors**

Also, any back issues of this week's Clinical Congress News issues may be obtained after the Congress by contacting Stephen Regnier, ACS Communications Dept., 633 N. St. Clair St., Chicago, IL, 6011-3211; tel.: 312/202-5331, or e-mail sregnier@facs.org.

The Board of Regents, ACS Officers, and the Executive Committee of the Board of Governors met Saturday for their annual luncheon. Pictured front row, left to right: Patricia J. Numann, Syracuse, NY; Thomas R. Russell, Chicago, IL; Mary H. McGrath, Maywood, IL; Roger S. Foster, Jr., Shelburne, VT; Margaret F. Longo, Hot Springs, AR; James C. Thompson, Galveston, TX; C. James Carrico, Dallas, TX; Richard R. Sabo, Bozeman, MT; Kathryn D. Anderson, Los Angeles, CA; and Sylvia D. Campbell, Tampa, FL. Second row: G. Wilkins Hubbard II, Norfolk, VA; Thomas J. Krizek, Wesley Chapel, FL; Paul E. Collicott, Lincoln, NE; Bernard Langer, Toronto, ON; Maurice J. Webb, Rochester, MN; William H. Coles, Boston, MA; Gerald B. Healy, Boston, MA; Alden H. Harken, Denver, CO; Barbara L. Bass, Baltimore, MD; John L. Cameron, Baltimore, MD; and Harvey W. Bender, Jr., Nashville, TN. Back row: William F. Sasser, St. Louis, MO; Jack W. McAninch, San Francisco, CA; David L. Nahrwold, Chicago, IL; Ronald E. Rosenthal, Wayland, MA; Edward M. Copeland III, Gainesville, FL; Jonathan L. Meakins, Montreal, PQ; Edward R. Laws, Jr., Charlottesville, VA; and J. Patrick O'Leary, New Orleans, LA. Not pictured: Timothy C. Fabian, Memphis, TN; and David S. Mulder, Montreal, PQ.

Visit the new Resource Center

Congress attendees are encouraged to visit the newly redesigned ACS Resource Center in the registration area of McCormick Place South. The exhibit provides information on: Advanced Trauma Life Support Course®, American College of Surgeons Oncology Group (ACOSOG), Candidate and Associate Society-American College of Surgeons, Commission on Cancer, Committee on Trauma, Communications activities, Health Policy and Advocacy, *Journal of the American College of Surgeons,* National TRACS®, National Trauma Data Bank™, Philanthropy, and Surgical Education and Self-Assessment Program (SESAP).

The ACS Resource Center is open Tuesday-Wednesday, 7:00 am to 5:00 pm, and Thursday from 7:30 am to 5:00 pm.

Registration totals

As of Monday afternoon, total registration for the Clinical Congress was 12,461; 6,463 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.